PI

Linda McCulloch, Superintendent
Office of Public Instruction
PO Box 202501

School District Claim for State Reimbursement for Individual and Isolated Transportation

State	
District	
County	

Helena, MT 59620-2501 **Second Semester First Semester DUE** May 10 to County Superintendent February 1 to County Superintendent **DATES:** February 15 to State Superintendent May 24 to State Superintendent COMPLETE THIS CLAIM FOR STATE REIMBURSEMENT FOR INDIVIDUAL AND ISOLATED TRANSPORTATION: This claim is for the period beginning and ending 20 month day month day **CERTIFICATION:** The information on this form is complete and accurate to the best of my knowledge. Date Signature, Chair, Board of Trustees District Level: County: District: 0206 Glendive Elem 11 Dawson Elementary District Contract **Daily** # of Days Transported # # Shared Family's Name Rate 1 2233 No Ree, Amy 2.53



School District Claim for State Reimbursement for Individual and Isolated Transportation

DUE
DATES:

First Semester
February 1 to County Superintendent
February 15 to State Superintendent

Second Semester
May 10 to County Superintendent
May 24 to State Superintendent

11 Da	wson		0207 Dawson H S	High School	
District #	Contract #	Shared	Family's Name	Daily Rate	# of Days Transported
CO	2215	Yes	Adams, Marcy & Tim	2.90	
CO	2216	No	Atwell, Susan J	3.75	
CO	2217	No	Barmocl, Sandy	4.50	
CO	2218	No	Basta, Dee	9.25	
CO	2219	No	DeKaye, Daryl	2.50	
CO	2220	No	Edwards, Beverly	9.25	
CO	2221	No	Goebel, Laurie	11.00	
CO	2222	No	Kreiman, Angie & Gary	9.25	
CO	2223	No	Kubesh, Mary	6.75	
CO	2224	No	Ollerman, Joleen	1.00	
CO	2225	No	Phalen, Connie J	9.25	
CO	2226	Yes	Rahr, Kimberly	1.30	
CO	2227	No	Rosendale, Jean F	12.00	
CO	2228	No	Scheitlin, Amy	9.25	
CO	2229	No	Stortz, Ted & Tarena	9.25	
CO	2230	No	Wade, Teresa L	1.50	
CO	2231	Yes	Whiteaker, Jackie	1.95	
CO	2232	Yes	Wittmayer, Mary Lynn	0.62	

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First Semester Second Semester DUE February 1 to County Superintendent May 10 to County Superintendent **DATES:** February 15 to State Superintendent May 24 to State Superintendent COMPLETE THIS CLAIM FOR STATE REIMBURSEMENT FOR INDIVIDUAL AND ISOLATED TRANSPORTATION: This claim is for the period beginning and ending 20 month day month day **CERTIFICATION:** The information on this form is complete and accurate to the best of my knowledge. Date Signature, Chair, Board of Trustees District Level: County: District: 11 Dawson 0215 Bloomfield Elem Elementary District Contract Daily # of Days Transported # Shared Family's Name Rate 30 2235 No Doane, Karen 4.50 Greiman, Cynthia 30 2305 No 4.50 30 2306 No Berube, Virginia 5.10 2307 Walker, Julie & Shawn 9.25 30 No 30 2308 Zimdars, Mary B No 3.00 30 2309 No Fatzinger, Tom 1.10 30 Murray, Kandy 2310 No 6.00

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School District Claim for State Reimbursement for **Individual and Isolated Transportation**

State	
District	
County	

1.50

DUE
DATES

367

2254

No

Van Horn, Della

Second Semester First Semester February 1 to County Superintendent May 10 to County Superintendent **S**: February 15 to State Superintendent May 24 to State Superintendent COMPLETE THIS CLAIM FOR STATE REIMBURSEMENT FOR INDIVIDUAL AND ISOLATED TRANSPORTATION: This claim is for the period beginning and ending 20 month day month day **CERTIFICATION:** The information on this form is complete and accurate to the best of my knowledge. Date Signature, Chair, Board of Trustees District Level: County: District: 11 Dawson 0216 Lindsay Elem Elementary District Contract Daily # of Days Transported # # Shared Family's Name Rate 367 2232 Yes Wittmayer, Mary Lynn 0.63 367 2245 No Basta, Dee 2.50 367 2246 No Brody, Willima & Diane 4.00 2247 Edwards, Susan 367 No 0.75 367 2248 Kreiman, Gary & Angie No 3.50 367 2249 No Lee, Judy R 7.00 367 2250 Nagle, Mary No 1.75 367 2251 Scheitlin, Amy 3.50 No 367 2252 Schroeber, Tristy No 1.75 367 2253 Stortz, Ted & Tarena No 3.50

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School District Claim for State Reimbursement for **Individual and Isolated Transportation**

State	
District	
County	

DUE
DATES

First Semester February 15 to State Superintendent **Second Semester**

February 1 to County Superintendent May 10 to County Superintendent **S**: May 24 to State Superintendent COMPLETE THIS CLAIM FOR STATE REIMBURSEMENT FOR INDIVIDUAL AND ISOLATED TRANSPORTATION: This claim is for the period beginning and ending 20 month day month day **CERTIFICATION:** The information on this form is complete and accurate to the best of my knowledge. Date Signature, Chair, Board of Trustees District Level: County: District: 11 Dawson 0228 Richey H S **High School** District Contract Daily # of Days Transported # # Shared Family's Name Rate 2 2351 Yes Johnston, Marlin & Aurilla 0.25 Olson, Tammy & Orlan 2 2352 Yes 0.37 2 2353 No Veverka, Larry 3.00

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School District Claim for State Reimbursement for **Individual and Isolated Transportation**

State	
District	
County	

3.00

1.00

DUE
DATES

3

3

2243

2244

No

No

Second Semester First Semester February 1 to County Superintendent May 10 to County Superintendent **S**: February 15 to State Superintendent May 24 to State Superintendent COMPLETE THIS CLAIM FOR STATE REIMBURSEMENT FOR INDIVIDUAL AND ISOLATED TRANSPORTATION: This claim is for the period beginning and ending 20 month day month day **CERTIFICATION:** The information on this form is complete and accurate to the best of my knowledge. Date Signature, Chair, Board of Trustees District Level: County: District: 11 Dawson 1193 Deer Creek Elem Elementary District Contract Daily # of Days Transported # # Shared Family's Name Rate 2215 3 Yes Adams, Marcy & Tim 2.90 3 Rahr, Kimberly 2226 Yes 1.30 3 2231 Yes Whiteaker, Jackie 1.95 3 2234 Cleek, Skip & Michelle No 2.80 3 2236 No Erhart, Peggy 0.35 3 2237 No Ferguson, Lois 0.35 3 2238 Frohlich, Karla No 2.30 3 2239 Gentry, Hallee 2.50 No 3 2240 No Newton, Laurene 1.10 3 2241 Sharbono, Dan & Gayle No 3.00 3 2242 No Sharbono, Dan & Gayle 0.50

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Temple, Vickie

Whitaker, Jackie